

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

## **DISCLOSURE 5 - TAX & TAX COMPLIANCE**

Entity Name		Phone No.		
1) TAXING AGENCIES  Has the main applicant entity been subject to taxation during the last year?				
□ Yes □ No	If you answered <u>yes</u> , provide the information requested below for each federal, state, local, and foreign jurisdictions in which the main applicant entity was subject to taxation during the last year. Add additional pages if necessary.			
Taxing	(E.g., Fed	Type of Tax (E.g., Federal income tax, state income tax, sales tax)		
2) TAX COMPLIANCE  Has the main applicant entity ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions?   Yes No If you answered <u>yes</u> , provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.				
Taxing Agency	Type of Tax	Tax Year	Amount	Disposition

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